APPLICATION FOR MARSHOT (SIGNAM HOWSOLDON) WAS ON

RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department P.O. Box 58 117 East Fifth Street Washburn, WI 54891 Phone – (715) 373-6138



Office Use:

Zoning District/Lakes Class

Application No. 20-0128

Date 6-24-36

Fee Paid 375 5-19-2036

INSTRUCTIONS: No permits will be issued until all fees are paid a viried Co. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE E Changes in plans must be approved by the Zoning Department	BEEN ISSUED TO APPLICANT.
Property Owner Jason Rhode Mailing Address 11660 16th Rd	Property Address of RV placement. East Eight Mile Lake Rd Barnes, WI
Montello, WI 53949	
Telephone 608 617-2243	Written Authorization Attached: Yes () No ()
Accurate Legal Description involved in this reques	et:
SE 1/4 of Sw 1/4 of Section 35 Township	46 N. Range 09 W. Town of Barnes
Gov't Lot Lot Block Subdivision	CSM #
Volume Page of Deeds Parcel I.D. :	# <u>04-004-2-46-09-35-3</u> Acreage 2.18
Additional Legal Description:	ATTACH Copy of Tax Statement
s your RV in a Shoreland Zone? Yes 反 No ☐ If Yes,	Distance from Shoreline: 75' or greater
RV: New ☑ Replacement ☐	Year: 1996 Vin #: 1UJBJO2L2T1C30198
Make of RV: Jayco	Model of RV: 250 FS Eagle
FAILURE TO OBTAIN A PERMIT or PLACING RV O	ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEA	SE COMPLETE REVERSE SIDE

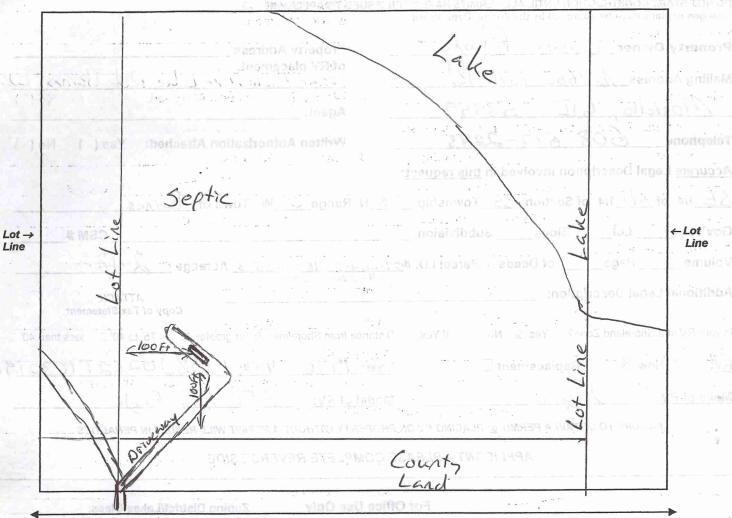
	For Office U	Jse Only Zoning Distric	ct/Lakes Class:
Permit Issued:	Sanita	ary Number 19-6/5	Date 7/16/19
Issuance Date 6-24-20	Permit Number 20-0	<u>Permit Denied</u>	(Date)
Reason for Denial:			
Inspection Record:	Canada Sentaga servicia ministrativo de pro- cumo da de la republica de describir de describir de describir de la composición del composición de la composición de la composición del composición de la composición del composición del composición del composición del composición del co	so ter mant and ordy, and other visit quitter of land than (ordy the profit fact rounds an	traj materplana o arandi materio (a.) 1736 [maj 1] jos barago esta historio est
avert of an apart to throughout tools	By_	Date of Inspection	to divide district the state of the second section of the second section the second section of the second sec
Variance (B.O.A.) #	THE MENT WASHINGTON	nije verste vers te aktieve	ImetgA head toward its rection
Condition: RV may be placed	up to 4 months from issuance Signed Inspector		: 11/1/20 6/19/20 ate of Approval

dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines

- d. RV from lake, river, stream or pond
- e. RV from Privy

Lot Line



Name Frontage Road (East Eight Mile Lake

NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (Including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is
true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it
will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on
this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have
access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent	1 2	ma	Mh	()ase	on Rhode)	Date_	5-12-20
Address to send permit	NI	660	16th	Rd	Montello	WI	53949

February 2013

City, Village, State or Federal May Also Be Required

LAND USE – X
SANITARY – Privy already on site SIGN
SPECIAL
CONDITIONAL
BOA

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 2	20-01	28					Issued To:	Ja	son & Tamı	my R	hode)				
Part of Location		SE	1/4	of	SW	1/4	Section	35	Township	46	N.	Range	9	W.	Town of	Barnes
Gov.t Lo	ot			·	_ot		Block		Sub	divisio	n		CSM	/I#		
For: F	Recre	eatio	ona	l Veh	icle (RV)										
Make: (Disclai	-						S Eagle	would	Vehicle #: require additior			2L2T1C3	0198	Ye	ar: 1996	
Conditio							permanen <mark>Novembe</mark> i				÷					
			a									Т	racy	Poo	ler	
NOTE:	Char appr	•	n pla	ns or s	specifica	ations	shall not be m	ade wi	thout obtaining			Authorized Issuing Official				
							d if any of the a		tion information	is four	nd	June 24, 2020				
		•		-			d if any perform		conditions are n	ot				Da	te	



BAYFIELD COUNTY SANITARY PERMIT APPLICATION

CUTERE	10
En)

Zoning District ______

I. APPLICATION INFORMATION Pt.		Soil Test		County	A - 010 C	
(Please Print All Information) Property Owner's Name:	Market State (State State Stat	No:	2 - 1	Permit No:		
Andre & Judi Driv	hume	County:		Bayfie	eld	
Address of Property:	And.	Property Lo	cation: ½, S	T N, I	P	E (or) W
Property Owner's Mailing Address:	1 Ones	Township:	74, 0	Gov. Lot #:	N P I I	_ (01) VV
1521 West Maple Street	*	150	NYS		1410	
Zip Co	Phone Number	Lot # Blo	ock #: CSM #:	CSM Doc#	Subdivision Na	me ON IV
II. TYPE OF BUILDING: (Check One)		Tax ID#:	- Th	14.2.24	2	1,10
State Owned Public (Explain the use/purpose		3768	2 E	SCY 2019		456
1 or 2 Family Dwelling - No. of Bedroon III. TYPE OF PERMIT: (Check only one bo	on line A Check bo	W S (NO	bedvow	(3)		3-7-7-1
		nty Private Interc				
Reconnection Repa	ir Revis	sion **	Transfer of Owr	ner (List Previou	us Owner below	,
A January Comments of the Market of the Mark	ii (iii Nevic	, ion	Transier of own	ici (Eist i ieviot	dis Owner below	'
B) A Sanitary Permit was prev	ously issued. <i>Previo</i>	ous Permit Num	ber.	Date Issued:		
IV. TYPE OF NON-PLUMBING SYSTEM:					filled out above	
C) Pit Privy Vault Pri		gallons or		9-7-1 ()		
		+				
	Transfer Unit Contai	iner C	omposting Toilets	s Incin	nerating Toilet	
V. ABSORPTION SYSTEM INFORMATION 1. Gallons 2. Absorp. Area 3. A		Loading Rate	5. Perc. Rat	e 6. System	7. Final 0	Grade
The state of the s		als. / Day / Sq.Ft.				
VI. TANK Capacity			D (1 0:		Fiber	_
INFORMATION: In Gallons New Existing Tanks Tooks	Total # of N Gallons Tanks	lanufacturer's Name	Prefab. Si Concrete Const	Steel	- Plastic	Exper. App.
Septic Tank or		-				
Holding Tank Lift Pump Tank /						
Siphon Chamber VII. RESPONSIBILITY STATEMENT:						v i
I the undersigned, assume responsibility for					11/1	
Dwner's Name(s): (Print) Vyppiving to Section	Cabove	Owner's Sig	nature(s): (No	Stamps)	There	
Plumber's Name: (Print) If applying for Section A	or B) above Plum	ber's Signature:	(No Stamps)	MP/MPF	RSW No:	
Plumber's Address: (Street, City State, Zip)	Code)	Home Phone	<u> </u>	Rusines	s Phone:	
Trainbord Tradrocci. (Stroot, Only State, 21)			٠.	Duomoo	or none.	
	200 e)	Trome i mem				1
VIII. COUNTY / DEPARTMENT USE ONLY				ΙΙ	-#- C:	
Disapproved		it/Transfer Fee:	Date Issued:	Issuing Age	nt's Signature / D	Date: 6/14/2
Approved Disapproved Owner Given Initial Adverse Determinat	Sanitary Perm	it/Transfer Fee:	Date Issued:	Issuing Age	nt's Signature / E	oate: 6/14/20
Disapproved Owner Given Initial	Sanitary Perm	it/Transfer Fee:	Date Issued:	Issuing Age	nt's Signature / D	Date: 6/19/20
Approved Disapproved Owner Given Initial Adverse Determinat	Sanitary Perm	it/Transfer Fee:	Date Issued:	Issuing Age	nt's Signature / E	Date: 6/19/20

City, Village, State or Federal

LAND USE - X SANITARY - X SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-	0136	Issued To: Andre & Jodi Drinkwine							Ą					
Location:	-	1/4	of	-	1/4	Section	4	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	.ot	2	ВІ	ock	Sul	odivisio	n				CSM# 2	2023

For: Residential Other: [Portable Privy]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 24, 2020

SUBMIT: COMPLETED APPLICATION, TAX
STATEM ENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0130
Date:	6-24-20
Amount Paid:	\$3006-24-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

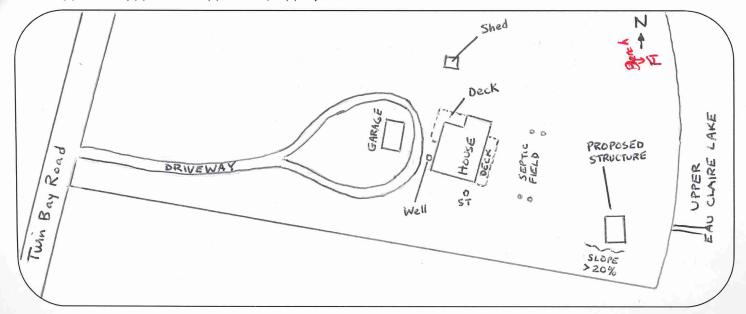
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Owner's Name: N	1icho Sana	rel	Vespa	siano	Mail	ing Address: 25 Twin B		Cit	y/State/Z				Telepho		N
Address of Property	y:		Bay Ro	oad		State/Zip:	W						Cell Pho		012-
Contractor: Jus					Cont	ractor Phone:	P	lumber:	-101	3			Plumbe		
Authorized Agent:						-580-030	_	gent Mailing A	Address (in	clude City/State	/7in\•		Written	Autho	rization
								gene maning r	cidae city/state	/ZIP).	a= F 1	Attache ☐ Yes	d		
PROJECT LOCATION	<u>Legal I</u>	Descrip	tion: (Use Ta	ax Statement)	<u>Tax I</u>	1988						orded Docur	ment: (Sh	nowing (
1/4,	1,	/4	Gov't Lot 2 \ 3	Lot(s)	CSM	Vol & Page	CSM	Doc# Lo	t(s) No.	Block(s) No.	Subo	division:			
Section	, Town	ship _	44 N, Ra	ange9	. w	Town of: B	Barr	nes	ń		Lot S	Size	Acrea	age 2	.2
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Shoreland →	Lake, Po	yescontinue nd or Flowage yescontinue		Distance St	ructure is	from Shoreline	feet e : feet	in Floor Zon	e? 'es	F	resent?				
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donated time & material		, toje		# Of Sto	i ies	roundati	OII	on property				ry System operty?			on propert
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	☐ Run	a Busi	ness on	-		Use	rtable (w/serv								
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below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) **Show Location of:** **Proposed Construction**

- Show / Indicate: (2)
- North (N) on Plot Plan
- Show Location of (*): (3)
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- Show: (4)(5) Show:
- All Existing Structures on your Property
- (6)
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

from proposed structure

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	nt		Description	Measurement		
Setback from the Centerline of Platted Road	> 700	Feet		Setback from the Lake (ordinary high-water mark)	10 Feet		
Setback from the Established Right-of-Way	7 100	Feet		Setback from the River, Stream, Creek	Feet		
				Setback from the Bank or Bluff	Feet		
Setback from the North Lot Line	115	Feet					
Setback from the South Lot Line	10	Feet		Setback from Wetland	Feet		
Setback from the West Lot Line	> 700	Feet		20% Slope Area on the property	XYes □ No		
Setback from the East Lot Line	10	Feet		Elevation of Floodplain	Feet		
	,						
Setback to Septic Tank or Holding Tank	> 50	Feet		Setback to Well	>70 Feet		
Setback to Drain Field		Feet					
Setback to Privy (Portable, Composting)		Feet	1-21				
Prior to the placement or construction of a structure within ten (10) for	at of the minimum required	cathack th	ha ha	yundary line from which the setback must be measured must be visible from one	manufactally assessed a second at the		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 20 - 0130	Permit Date: 6-2	4-20							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigue) Yes	uous Lot(s)) 🖊 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No		Yes No				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by	/ Variance (B.O.A.)	e #:					
		Were Property Line	es Represented by Owner Was Property Surveyed	✓ Yes □ No □ No					
Inspection Record:				Zoning District Lakes Classification ((R-1)				
Date of Inspection: 6/11/20	Inspected by:			Date of Re-Inspection	n:				
	nched? Ves No-(If 1 Sotbacks a Boathouse	No they need to be atta	oched.) Ordanience		, .				
Signature of Inspector:				Date of Approval:	6/12/2				
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees:	_ □					

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	130			Issued	d To: Mi	chael	Vespasian	o & D	ana l	Hazel				
Location:	-	1/4	of	-	1/4	Section	16	Township	44	N.	Range	9	W.	Town of	Barnes
Par in Gov't Lot	2 & 3	3	L	.ot		Blo	ck	Sul	odivisio	on _.				CSM#	

For: Residential Accessory Structure: [1- Story; Boathouse (12' x 9') = 108 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain setbacks. Use as a boathouse only as per ordinance.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 24, 2020

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEETO: Permit #: **APPLICATION FOR PERMIT** 20-0140 **BAYFIELD COUNTY, WISCONSIN Bayfield County** Planning and Zoning Depart. Date: 6-25-20 PO Box 58 **Amount Paid:** \$183 6-15-20 Washburn, WI 54891 (715) 373-6138 Bayfield Co. Zoning Dept. Refund: INSTRUCTIONS: No permits will be issued until all fees are paid. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application Control of the MUST be submitted FILL OUT IN INK (NO PENCIL) M LAND USE TYPE OF PERMIT REQUESTED → □ PRIVY SANITARY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. □ OTHER Owner's Name: Mailing Address: City/State/Zip: Telephone: Kristin Peterson John 1890 S. Shore Rd. 54838 Gordon WI 200 Address of Property: 1890 S. Shone Rd. City/State/Zip: Cell Phone: 612-859-9960 54838 411 Gordon Contractor: Northland Buildings **Contractor Phone:** Plumber Phone: 715-681-667 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Mailing Address (include City/State/Zip): Agent Phone: Written Authorization W/A Attached ☐ Yes ☐ No Tax ID# Recorded Document: (Showing Ownership) PROJECT Legal Description: (Use Tax Statement) 2161 574187 2018R LOCATION Vol & Page | CSM Doc# 6, 70-71 421980 Gov't Lot Lot(s) CSM Lot(s) # Block # Subdivision: NE 1/4, NE 1/4 893 3 Acreage 3.6 Section <u>19</u>, Township <u>44</u> N, Range <u>69</u> Town of: Lot Size Barnes Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Distance Structure is from Shoreline: Is your Property Are Wetlands Creek or Landward side of Floodplain? If yes---continue in Floodplain feet Present? ☐ Shoreland — Zone? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Yes Distance Structure is from Shoreline: Yes **No** ☐ Non-Shoreland Value at Time Total # of What Type of Type of of Completion **Proiect Project** bedrooms Sewer/Sanitary System(s) Water * include **Project** # of Stories Foundation Is on the property or on donated time on Will be on the property? property & material property **V**New Construction **1**√1-Story □ Basement ☐ Municipal/City 1 ☐ City 1-Story + (New) Sanitary Specify Type: 2 ☐ Addition/Alteration Foundation Well Loft \$61,000 Sanitary (Exists) Specify Type: □ Conversion ☐ 2-Story ✓ Slab □ 3 5 eptic ☐ Relocate (existing bldg) Privy (Pit) or Uaulted (min 200 gallon) Run a Business on Portable (w/service contract) LISE None **Property** Year Round **Compost Toilet** □ None Existing Structure: (if addition, alteration or business is being applied for) Height: Proposed Construction: (overall dimensions) 64 40 Width: Height: 12 Square **Proposed Use Proposed Structure** Dimensions Footage Principal Structure (first structure on property)) Residence (i.e. cabin, hunting shack, etc.) X) with Loft Х ☑ Residential Use with a Porch X) with (2nd) Porch χ) with a Deck X with (2nd) Deck X) ☐ Commercial Use with Attached Garage Х) (**Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) Х Mobile Home (manufactured date) Х Addition/Alteration (explain) ☐ Municipal Use X) storage building 14 Accessory Building (explain) metal (x 64) 2560 П Accessory Building Addition/Alteration (explain) X Special Use: (explain) Х) Conditional Use: (explain) X) Other: (explain) X) FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) presponsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Owner(s):

Date

Date Authorized Agent: _ Date (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

54838

Address to send permit 1890 S. Shore Rd, Gordon WI

Attach

If you recently purchased the property send your Recorded Deed

Copy of Tax Statement

below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of:

Proposed Construction

Show / Indicate:

- North (N) on Plot Plan
- Show Location of (*): (3) (4) Show:
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (5) Show:
- All Existing Structures on your Property
- (6)Show any (*):
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Please see attachment from Heart of the North Surveying dated 7/12/18

Proposed structure is marked with stakes flagged in pink.
Property lines are marked with orange flagging.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measureme	nts		Description	Setback Measurem	Mary And
			53			
Setback from the Centerline of Platted Road	290	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	257	Feet		Setback from the River, Stream, Creek	425	Feet
			188	Setback from the Bank or Bluff	121	Feet
Setback from the North Lot Line	425	Feet				
Setback from the South Lot Line	257	Feet		Setback from Wetland	N/A	Feet
Setback from the West Lot Line	38	Feet		20% Slope Area on the property		No
Setback from the East Lot Line	98	Feet		Elevation of Floodplain		Feet
g to the second		4.1				
Setback to Septic Tank or Holding Tank	335	Feet		Setback to Well	275	Feet
Setback to Drain Field	335	Feet				
Setback to Privy (Portable, Composting)	N/A	Feet				
Prior to the placement or construction of a structure within ten (10) fe	et of the minimum requirer	d setback, t	the bo	oundary line from which the setback must be measured must be visible from one	previously surveyed co	orner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	Karlineren d	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 20-0140	Permit Date: 6-25	5-20			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigu	Marian Company of the	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required	₽ No ✓ No
Granted by Variance (B.O.A.) ☐ Yes No		Previously Granted by Yes No	/ Variance (B.O.A.)	± #:	
		Were Property Line	es Represented by Owner Was Property Surveyed	Yes Yes	_
Inspection Record:		M		Zoning District (R-Lakes Classification (3)
Date of Inspection: 6/23/20	Inspected by:	7/		Date of Re-Inspection:	
	thed? Yes No-(IFD oaly - No Sleet gurized water	no they need to be attace of the fing on heb. He rentors build	ched lation lational ding additional	permits regula	ed
Signature of Inspector:				Date of Approval: 6/	24/20
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affid	avit: 🗌 I	Hold For Fees: 🗌		

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 20-0140 Issued To: John & Kristin Peterson

Location: NE 1/4 of NE 1/4 Section 19 Township 44 N. Range 9 W. Town of Barnes

Gov't Lot Block Subdivision CSM#

For: Residential Accessory Structure: [1-Story; Storage Building (40' x 64') = 2,560 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Storage only, no sleeping or habitation. If pressurized water enters building additional permits required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 25, 2020

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit _

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

JUN 15 2020

Permit #: 20-0141 Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CO	NSTRUCTIO	N <u>UNTIL</u>	ALL PERMITS I	IAVE BEEN ISSUE	D TO AP	PLICANT. Original	Application N	//UST be subn	nitted	FILL O	UT IN INK (NO PEI	NCIL)
TYPE OF PERMIT	REQUES	TED-	1	LAND USE	SAN	TARY PRIVY	□ CONDITIO	ONAL USE	SPECIA	L USE	B.O.A. [OTHE	R GARAGE
Owner's Name:	6		_		Mai	ling Address: 475 Mulligh	IN	City/State/2				Teleph	
Jahn Address of Proper	trie	Eren	00 D	*	30	CREEKO	CORD	BARNES	5				
50 475 n	nullig	AN	CREEK	Road		City/State/Zip:	Wi.	5487	3			Cell Ph	one: 80-0418
Contractor:	OWN	00			Con	tractor Phone:	Plumber:	A CONTRACTOR OF THE CONTRACTOR					er Phone:
				15 (0) ())							-		
Authorized Agent	(Person Sig	gning Appl	ication on beha	If of Owner(s))	Age	nt Phone:	Agent Ma	ailing Address	(include City	//State/Zip):	Writter Author	
												Attache	
V project						Tax ID#				Pecordod	Document: (□ No
N PROJECT LOCATION	Legal	Descrip	tion: (Use 1	ax Statement)		<u>10.7.15.11</u>	1906	,		Recorded	Document. (Showing	Ownership)
Atla	Sk. 1		Gov't Lot	Lot(s)	CSM	Vol & Page CSN	VI Doc#	Lot(s) #	Block #	Subdivisi	on:		
N/W 1/4, _	Ju .	1/4											
Section 1	2 Tou	nship _	44 N E	lange 09	14/	Town of:	Pague	0.0		Lot Size		Acre	age
Section	, 100	,,,,,,,,,,	IN, F	lange	VV		BARN	es					20
					iver, Stı	eam (incl. Intermittent)	Distance St	ructure is fro	m Shorelir	ie:	s your Proper	rty	Are Wetlands
☐ Shoreland _				of Floodplain?	- 0.3	yescontinue>				feet	in Floodplair Zone?	n í	Present?
	☐ Is I	Property	/Land withi	n 1000 feet of I		ond or Flowage	Distance St	ructure is fro	m Shorelir	ie:	☐ Yes		☐ Yes
t.					If	yescontinue>				feet	KNo		⊠ No
X Non-Shoreland													
Value at Time											THE RESERVE OF THE PERSON NAMED IN		
of Completion				Project		Project	Total # o			hat Type			Type of
* include		Projec	t	# of Storie	es	Foundation	on	IS .		anitary S the prope	Committee of the commit		Water on
donated time & material						· canaanon	property	y		on the pr			property
	New	Constr	uction	1-Story		☐ Basement	1	☐ Mur	icipal/Cit	The state of the s			☐ City
	□ ∆dd;	tion/Al	torotion	☐ 1-Story -	+	D. Farmeletter			v) Sanitar		Type:		
\$	□ Addi	tion/Ai	teration	Loft		☐ Foundation	□ 2						Well
\$ 15,000	□ Conv	ersion		☐ 2-Story		Slab	□ 3	☐ Sani	tary (Exist	s) Specify	/ Туре:		
	□ Polo	cato /ovi	isting bldg)		-+				(D:1)		14 4 222		
	☐ Run a	Control Control	0 0/			Use	None				ed (min 200	gallon)	
	Prope		233 011			Vear Round	- None		able (w/se		ract)	-	
		20199	e					Non					-
		-											
Existing Structu Proposed Const					oplied fo		221	Width:	201		Height:		. 1 -1-
Froposed Collst	i uction.	(overa	ili dimension	5)		Length:	32'	Width:	28'		Height:	15	-
Proposed L	lse	1				Proposed Structu	ire			Dim	ensions		Square
			Principal	Structure /fi	ect etru	cture on property)				1			Footage
				e (i.e. cabin, h						1	X)		
			resident	with Loft	idificiiig	Shack, etc.)				1	X)		
Residentia	ı Use			with a Por	ch					(X)		
				with (2 nd)	Porch					(X)		
		*		with a Dec	k					(х)		
☐ Commercia	موا الد			with (2 nd)	Deck		1			(Х)		
	UJC			with Attac	hed Ga	arage				(Х)		
			Bunkhou	se w/ (□ sanita	ary, <u>or</u>	sleeping quarters,	or a cooking	& food prep	facilities)	(х)		
			Mobile H	ome (manufac	tured d	ate)				(Χ)		
☐ Municipal	Use		Addition	/Alteration (e	xplain)		A K			(х)		
☐ Municipal Use ☐ Addition/Alteration (ex Accessory Building (exp					plain) _	GARA	ge			128	x 321	8	96
						Alteration (explain				(х)		1
			Special U	se: (explain)			*			(x)		
										(x)		
										(x)		
	-			6			MITHOUT & DECA	MIT MILL DECL	TIMESTAL	ice.	1		
I (we) declare that this	application (including a	ny accompanyin	g information) has b	een exam	RTING CONSTRUCTION \ ned by me (us) and to the b	est of my (our) kno	wledge and belief	it is true corre	ct and compl	ete. I (we) ackno	wledge tha	at I (we) am
result of Bayfield Cour	e detail and a nty relying on	accuracy of this inforn	all information nation I (we) am	(we) am (are) provi	ding and t	hat it will be relied upon by application. I (we) consent	Bayfield County in	determining what	har to issue a	normit I (wa)	further assent li	والمادية والأمام	. h
property at any reason	able time for	the purpo	se of inspection.			() -	D	_ \				1	
Owner(s):	tiple Owne	ers listed	on the Deed	All Owners must	sign or	letter(s) of authorizati	on must accom	pany this anni	cation)	Date _	6/1	2/2	020

Attach

Date

54873

BARNES Wi

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

50475 MulligAN CREEK

box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink -NO PENCIL **Show Location of: Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% (7)Show any (*): 300 DRIVE 000 LOT LINE SSO SOWA line Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description		Setback Measurements		
*								
Setback from the Centerline of Platted Road	350'	Feet		Setback from the Lake (ordinary high-wate	r mark)		Feet	
Setback from the Established Right-of-Way	335'	Feet		Setback from the River, Stream, Creek			Feet	
			These	Setback from the Bank or Bluff			Feet	
Setback from the North Lot Line	2001	Feet						
Setback from the South Lot Line	250'	Feet		Setback from Wetland			Feet	
Setback from the West Lot Line	175'	Feet		20% Slope Area on the property	Λ	☐ Yes	□No	
Setback from the East Lot Line	1000	Feet		Elevation of Floodplain	17		Feet	
				10/				
Setback to Septic Tank or Holding Tank	100	Feet		Setback to Well		701	Feet	
Setback to Drain Field	175'	Feet					, , ,	
Setback to Privy (Portable, Composting)	NIA	Feet						
Prior to the placement or construction of a structure within ten (10) feet of	of the minimum requir	ed setback t	he bo	oundary line from which the cethack must be measured must be	visible from one		of security and a local	

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

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	,			
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 20-0141	Permit Date: 6-2	5-20		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigue) Yes Yes	ous Lot(s)) // No	Mitigation Required Mitigation Attached	□ Yes □ No □ Yes □ No	Affidavit Required Yes No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Yes No	y Variance (B.O.A.) Case	±#:
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	Yes
Inspection Record: Well 9 Taked		1		Zoning District (F-/) Lakes Classification (N/H)
Date of Inspection: 6/83/20	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	ched? Yes No - (if		iched.)	
Signature of Inspector:				Date of Approval: 6/24/200
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🔲	Hold For Fees: 🗌	_ □

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	141		ls	ssue	d To: Jo	hn Fr	iermood							
N ½ of Location:	NW	1/4	of	SW	1/4	Section	12	Township	44	N.	Range	9	W.	Town of	Barnes
		3					-								
Gov't Lot			L	.ot		Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Garage (28' x 32') = 896 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Storage Only. No sleeping or habitation.

or if any prohibitory conditions are violated.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

		Tracy Pooler
NOTE:	This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.	June 25, 2020
	This permit may be void or revoked if any performance conditions are not completed	Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners listed

14295 MCNAUCHT

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

JUN 15 2020

Bayfield Co. Zoning Dept.

ENTERE	Permit #:	20-0147
	Date:	6-25-20
	Amount Paid:	\$175 6-16-20
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

	REQUEST	TED→		LAND USE SA	NITARY PRIVY	☐ CONDITION	AL USE SPECIA	L USE B.O.A.	⊕ OTI	HER
Owner's Name:		/		M	ailing Address:	MERAS (City/State/Zip:	the state of the control of the state of the	The Part of the Pa	phone: 4790
JAMES SAR	AZIN/	ANN	I FEL	TER 31	ailing Address: 114 DETELSO 125 MATFIEL	DR9	City/State/Zip: RNOXUNL P BBLTIMBERS	110 21212	443	3-689-3428
Address of Property 50690	ty: PENN	INSU.	LA RO)	City/State/Zip: BALNES	W 548	773		Cell I	Phone:
Contractor:					ontractor Phone:	Plumber:			Plum	ber Phone:
Authorized Agent:	(Person Sign	ning Applic	ation on beha		gent Phone:	Agent Mailir	y/State/Zip):	Writ	ten	
1/11	/			1 -	7/5-		ng Address (include City 5 AGCNA		Auth	orization
KARL K	DSTRE	SKJ		5	80-0157	CAL	14871	AP Y	es 🗆 No	
PROJECT LOCATION	Legal	Descript	ion: (Use T	ax Statement)	3560		,	Recorded Docume		ng Ownership) 3538-5ス
1/4, _	1	1/4	Gov't Lot	Lot(s) CSN	COLUMN TO THE TOTAL TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL THE	M Doc# Lo	ot(s) # Block #	Subdivision:	-	
					Town of			EDU CLAIR	12 LA	KE PALK
Section $\underline{\mathscr{T}}$, Tow	nship	<u>44</u> N, R	lange W	Town of:	YES	4)	EDU CLAIR Lot Size	å	, 850
	80000			the second secon	Stream (incl. Intermittent) If yescontinue		cture is from Shorelin	ne: Is your Pr		Are Wetlands
Shoreland -	□ Is F	roperty/	Land within	n 1000 feet of Lake,	· · · · · · · · · · · · · · · · · · ·		cture is from Shorelir	Zone		Present? Ves
					If yescontinue>			feet N		⊉ No
☐ Non-Shoreland	d			i.						
Value at Time						Total # of	W	hat Type of		Type of
of Completion * include		Project		Project	Project	bedrooms	Sewer/S	Sanitary System(s	5)	Water
donated time		rroject		# of Stories	Foundation	on		the property or		on
& material	□ Now	Constru	etion	1-Story	☐ Basement	property		on the property?		property
				☐ 1-Story +	☐ Basement	1	☐ Municipal/Cit	y Specify Type:		☐ City
\$ Addition/Alteration L				Loft	☐ Foundation	№ 2				- Well
				☐ 2-Story	□ Slab	. 🗆 3	Sanitary (Exis	ts) Specify Type:	•	
	☐ Reloc	cate (exis	ting bldg)				☐ Privy (Pit) or	□ Vaulted (min	200 gallo	n)
	A 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	a Busine	ss on		Use	□ None	□ Portable (w/se			
	Prop		,		✓ Year Round		☐ Compost Toil	et	1	
	1 1 ME	NTRO								
*		NTRO				***				4. /
Existing Structu	ure: (if add	ition, alte	ration or bu	siness is being applied		50	Width: 4/2 Width:		ght:	
Proposed Cons	ure: (if add truction:	ition, alte (overa	ration or bu		for) Length: Length:		Width: 42	Hei	ght:	Square
	ure: (if add truction:	ition, alte	ration or bu Il dimension	ns)	Length: Length: Proposed Struct	ure	Width: 42	Dimension	ght:	Square Footage
Proposed Cons	ure: (if add truction:	ition, alte (overa	eration or bull dimension	Structure (first st	Length: Length: Proposed Struct ructure on property	ure	Width: 42	Hei	ght:	
Proposed Cons Proposed I	ure: (if add truction: Use	ition, alte	eration or bull dimension	ns)	Length: Length: Proposed Struct ructure on property	ure	Width: 42	Dimension:	ght:	
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O CABLE, Let 5£82/ Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

or letter(s) of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE ox below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: (2) North (N) on Plot Plan Show Location of (*): (3) (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% 720 DRAIN PIRES WELL WEST Please complete (1) - (7) above (prior to continuing) in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setb Measure		
Setback from the Centerline of Platted Road	> 200	Feet		Setback from the Lake (ordinary high-water mark)	90,	Feet	
Setback from the Established Right-of-Way	2 170	Feet		Setback from the River, Stream, Creek	CV/h	Feet	
				Setback from the Bank or Bluff	6/1	Feet	
Setback from the North Lot Line	20	Feet					
Setback from the South Lot Line	> 200	Feet		Setback from Wetland	hell	Feet	
Setback from the West Lot Line	> 170	Feet		20% Slope Area on the property	☐ Yes	(No)	
Setback from the East Lot Line	> 85	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	2 15	Feet		Cathooli to Mall	(
Setback to Drain Field	2401	Feet		Setback to Well	3	Feet	
Setback to Privy (Portable, Composting)	NA	Feet					
Prior to the placement or construction of a structure within ten (10)	feet of the minimum requ	ired setback, t	he bo	oundary line from which the setback must be measured must be visible from o	ne previously survey	ed corner to the	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 24	1320	Sanitary Date: 9-/9-75				
Permit Denied (Date):	Reason for Denial:		HERE THE				
Permit #: 20-0147	Permit Date: 6	5-20					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contiguent) Yes Ye	ious Lot(s)) 🗹 No	Mitigation Required Mitigation Attached	☐ Yes	Affidavit Required Yes No Affidavit Attached Yes No			
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by ☐ Yes ☑ No	y Variance (B.O.A.) Cas	e #:			
		Were Property Lines Represented by Owner Was Property Surveyed Wes No					
Inspection Record:		1		Zoning District (R-/) Lakes Classification ()			
Date of Inspection: 6/23/20	Inspected by:	11		Date of Re-Inspection:			
Signature of Inspector:	ched? Yes No – (If condition: Maximum occursed upon septic sylvelling. Must contact Dept for licensing as reand contact Town regard of the contact Town reg	cupancy limited to 2 ystem design for the Bayfield County Heal quired by State Statuding room tax.	Sleeping are	Date of Approval: 6/25/29			

marked by a licensed surveyor at the owner's expense.

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY - 24320 (9/19/1975)
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

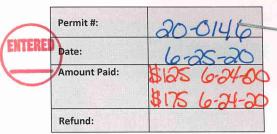
WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		20-0	1147			Issued	1 10: J	ame	3 38	arazın &	Ann F	ene	r /	nari na	ISTIC	osky,	Agent		
Location	on:	-	1/4	of	-	1/4	Section	9		Township	44	N		Range	9	W.	Town	of	Barnes
Gov't Lo	ot			Lo	ot	5	ВІ	ock	3	S	Subdivis	ion	Ea	u Clair	e La	ike Pa	ark		CSM#
										erm Ren		rmittir	ng.						
You are respon	nsible for co	d S	well tatu	ling. I te an	Mus nd c	st contact	ntact Bact Town	regar or on we	ld C rdi	county Fing room	tax. No. Wetlands th	Dep lo sl	oar lee	tment fing in	or l	build	sing as dings. cult to identify. Fa	req	design for the quired by State o comply may result in removal or ces service center (715) 685-2900.
																Tr	racy Poo	olei	r
NOTE:	This pe work o			-			of issuance	e if the	auth	orized const	ruction w	ork or	•		,	Author	ized Issui	ng (Official
	permit	may b	oe voi	d or rev	okec		of the applic			obtaining ap ation is four			1			Ju	une 25, 2	202	20
						oked if a		ance o	condi	tions are not	complet	ed					Date		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Chacks are made navable to: Bar	be issued until all fees are paid. yfield County Zoning Department. UNTIL ALL PERMITS HAVE BEEN ISSUED	Bayfield Co. Zoning D	Retund:	FILL OUT IN INK (N	O PENCIL)
			□ CONDITIONAL USE □ SPECIA		OTHER
TYPE OF PERMIT REQUESTED Owner's Name:	ED→ □ LAND USE □	SANITARY PRIVY Mailing Address:	City/State/Zip:		Telephone:
Address of Property:	henon	1048 Cty R& City/State/Zip:	N Roberts, 6	JI 54023	715-791-406 Cell Phone:
43680 5+ +	July 21	Barn			
Contractor:		Contractor Phone:	Plumber:		Plumber Phone:
Authorized Agent: (Person Signi	ng Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include Cit	y/State/Zip):	Written Authorization Attached
Thomas DOM	2001			_	☐ Yes ☐ No
PROJECT LOCATION Legal C	Description: (Use Tax Statement)	Tax ID# 993		Recorded Document: (S	Showing Ownership) 513830
5W 1/4, NW 1,	Gov't Lot Lot(s)		1 Doc # Lot(s) # Block #	Subdivision:	
Section <u>516</u> , Town	ship T43 N, Range 109	W Town of:	arnes	Lot Size	Acreage 40
Creek	roperty/Land within 300 feet of Ri or Landward side of Floodplain?		Distance Structure is from Shoreli	ne : Is your Proper in Floodplain Zone?	Are Wetlands
☐ Shoreland → ✓ Is P	roperty/Land within 1000 feet of L	ake, Pond or Flowage If yescontinue	Distance Structure is from Shoreli		☐ Yes ☐ No
☐ Non-Shoreland					
Value at Time of Completion				What Type of	Type of
	Project # of Storie	Project Foundation	ALCOHOLOGICAL CONTRACTOR OF THE PROPERTY OF TH	Sanitary System(s) the property <u>or</u>	Water on
donated time	# OI Storie	Foundation	The state of the s	on the property?	property
& material	Construction 1-Story	☐ Basement	☐ 1 ☐ Municipal/C		☐ City
-5	☐ 1-Story	Foundation	☐ (New) Sanita		□ Well
\$15 19500	Loft Loft	Foundation	2 Sanitary (Exi	sts) Specify Type:	
Conv	ersion 2-Story	□ Slab	□ 3 □ 3 □ 3 □ 3 □ 3 □ 3 □ 3 □ 3 □ 3 □ 3		
- Sec	ate (existing bldg)	on Block		variation contract	- V
☐ Run a Prope	Business on	Use ☐ Year Round	None Dortable (w/		CCMERT
П	arty		□ None		tep
Existing Structure: (if add Proposed Construction:	ition, alteration or business is being a (overall dimensions)	pplied for) Length: Length:	Width:	Height: Height:	
Proposed Use	✓	Proposed Structi	ure	Dimensions	Square Footage
		rst structure on property		(X)	
,	Residence (i.e. cabin,	nunting shack, etc.)	runting Shack	(14×40)	560
Residential Use	with Loft	X > 4	14 4 1201	(X	780
	with a Po with (2 nd)	1110.01	led in 5g fortage	(X	
	with a De			(x	
	with (2 nd)			(X	
☐ Commercial Use		ched Garage	4 - E	(x) .
	50-00-00 N 0-00-00		s, $\underline{\text{or}} \; \Box$ cooking & food prep facilities	(X) ;
*			72 0 11	, ,,)
☐ Municipal Use)
iviumcipai use				(x)
. *			n)	(X)
				(x)
		ain)		(x)
No.		alli)		(x)
(are) responsible for the detail and result of Bayfield County relying o property at any reasonable time for Owner(s): (If there are Multiple Own	(including any accompanying information) has accuracy of all information I (we) am (are) pro n this information I (we) am (are) providing in or the purpose purposection.	been examined by me (us) and to the viding and that it will be relied upon bor with this application. I (we) conser	without a permit will result in pen, best of my (our) knowledge and belief it is true, c by Bayfield County in determining whether to issu it to county officials charged with administering c little to must accompany this application)	orrect and complete. I (we) ackre a permit. I (we) further accept	liability which may be a
(If y	rou are signing on behalf of the owne	(s) a letter of authorization m	ust accompany this application)		h Statement

Original Application MUST be submitted

If you recently purchased the property send your Recorded Deed

x below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL (1) **Proposed Construction** Show Location of: Show / Indicate: (2) North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% 5hack Hwy 27 North Drivewa

(8) Setbacks: (measured to the closest point)

Please complete (1) - (7) above (prior to continuing)

Setback to Drain Field

Setback to Privy (Portable, Composting)

Changes in plans must be approved by the Planning & Zoning Dep

Description	Setback Measurements	Description	Setback Measurements
		Pend	
Setback from the Centerline of Platted Road	approx360Feet	Setback from the Lake (ordinary high-water mark)	528 Feet
Setback from the Established Right-of-Way	3/A Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	405 Feet		
Setback from the South Lot Line	835 Feet	Setback from Wetland	/ Feet
Setback from the West Lot Line	310 Feet	20% Slope Area on the property	¥ Yes □ No
Setback from the East Lot Line	1010 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Feet

Feet

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

The local Town, Village, City, State or Federal agencies are Required 10 Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

	كالمتوال الكاملية والمتال	Life .					
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20-0146	Permit Date: 6-2	5-20					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required			
Granted by Variance (B.O.A.) Ves Vo Case #:		Previously Granted by	y Variance (B.O.A.)				
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Wes No					
Inspection Record:		1		Zoning District (F_)) Lakes Classification ()			
Date of Inspection: 5/5/200	Inspected by:	All		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Atta	ched? Yes No-(If Awired UPC Bulited Wa	No they need to be atta in spection. Her enters	oched.) 95 95 95 96 96	t seffic peraits Date of Approval:			
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees:	_ 0/19/2			

own, City, Village, State or Federal Bermits May Also Be Required

LAND USE - X
SANITARY - Vaulted Privy
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	146)	ls	ssue	d To: In	omas	Snemon						<u> </u>	
Location:	SW	1/4	of	NW	1/4	Section	16	Township	43	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	_ot		Blo	ck	Su	bdivisio	on				CSM#	
-															

For: Residential Use: [1 – Story; <u>Hunting Shack</u> (14' x 40') = 560 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Get required UDC inspections. If pressurized water enters structure get septic permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 25, 2020

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND SECTO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit de East Canyon

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUN 02 2020

Permit #: Date: ENTERED Amount Paid: Refund:

\$100 6-2-2020

Checks are made pa	yable to: I	Bayfield (County Zoning	Department.		yfield Co. Zonin plicant.	g Dopt.	FILL OU	T IN INK (N	O PENCIL)	
TYPE OF PERMIT I	REQUES	TED-	□ LAN	DUSE SA	ANITAR	RY PRIVY	CONDITIONA	AL USE SPECIAL	HCE DE	3.O.A. 🗆	OTHER	
Owner's Name:				2 002	The second second	ing Address:		/State/Zip:	03E E	Teleph	OTHER	
Thoma	0	T	Web	0./	1/1	o East Can			SANIL			
Address of Property		7,	00 09	CV	40 6	State/Zip:	YOU VI	Hudson WI	. 51016	7 Cell Ph	ione:	
20	_	21					LIT			65	- > - 30	
Contractor:	(5)	401			-	ractor Phone:	MT					
(Se	(7)				Cont	ractor Phone:	Plumber:			er Phone:		
Authorized Agent: (Person Sign	ning Appli	cation on behal	f of Owner(s))	Agen	t Phone:	Agent Mailing Ad	Idress (include City/State	/Zip):	Writte	en Authorization	
									,17-	Attach	ned	
PROJECT					Tax II	D#			Pecorded [Showing Ownership)	
PROJECT LOCATION	Legal	Descrip	tion: (Use Ta	ax Statement)	- Tux II	1525			Recorded L	Jocument: (Snowing Ownership)	
1/4,	1	./4	Gov't Lot	Lot(s)	CSM	Vol & Page CS	SM Doc# Lot(s) No. Block(s) No.	Subdivision	n:		
_		431.3	11,1	0		Town of:			Lot Size	100		
Section	, Towi	nship _	79_ N, R	ange	W	Barne	5		Lot Size	Acr	eage	
						1,001110					4.10	
						eam (incl. Intermittent)	The same and the s	cture is from Shorelin	e: Is	Property in	Are Wetlands	
Shoreland				f Floodplain?		escontinue				dplain Zone		
N	X Is P	roperty	/Land withir	1000 feet of La				cture is from Shorelin		□ Yes	Yes	
					IT y	rescontinue -		£	feet	X No	XNo	
☐ Non-Shoreland												
Value at Time					JAKE PHOTO					CENTRE E	Walter Vision Kraussen	
of Completion							Total # of	W	nat Type of		Type of	
* include		Proje	ct	# of Stori	ies	Foundation	bedrooms		Sanitary Sys	stem	Water	
donated time &							structure	Is on t	he propert	:y?	on property	
material	□ New	v Const	ruction	1-Story		Basement	1	Municipal/City				
			Alteration	1-Story +	Loft	Foundation		(New) Sanitary	Specify Tyr		☐ City	
\$ 1.500					LOIL	Toundation	3	Sanitary (Exists				
1)00		version 2-Story						Janitary (Exists			. 0.4	
,	L Keit	ocate (e	e (existing bldg)				Privy (Pit) or	Specify Type: Vaulted (min 200 gallon)				
De V			ness on	×		Use	None	Privy (Pit) or Portable (w/ser			allon) Nove	
De v	□ Run Proj	a Busi perty	ness on	×		Year Round			vice contract		allon) Nove	
s be v _s	□ Run Proj	a Busi	ness on	Yavigable	L War	Year Round		Portable (w/ser	vice contract		allon) UOVE	
Existing Structure	□ Run Prop	a Busi perty	ness on	7		Year Round		Portable (w/ser Compost Toilet	vice contract)	allon) NOW.	
Existing Structure Proposed Constr	Run Proj 1 5	a Busi perty	ness on	7		Year Round Length:		Portable (w/ser Compost Toilet None	vice contract	Height:	allon) NOW.	
	Run Proj 1 5	a Busi perty	ness on	7		Year Round		Portable (w/ser Compost Toilet	vice contract)	allon) NOW.	
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

54016 Copy of Tax Statement

ox below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction Show Location of:** North (N) on Plot Plan Show / Indicate: (2) (*) Driveway and (*) Frontage Road (Name Frontage Road) (3)Show Location of (*): All Existing Structures on your Property Show: (4)(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (5) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6) (*) Wetlands; or (*) Slopes over 20% Show any (*): (7)No student septe Roac 3teps to lake

(8) Setbacks: (measured to the closest point)

Please complete (1) - (7) above (prior to continuing)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	O Feet
Setback from the Established Right-of-Way	5000 Feet	Setback from the River, Stream, Creek	Feet
Setback Holli tile Established Hight of Tray		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	7 Feet		
Setback from the South Lot Line	500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	60 Feet	20% Slope Area on the property	☐ Yes No
Setback from the East Lot Line	Feet Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	P/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet	hand a life from which the setback must be measured must be visible from 0	

Changes in plans must be approved by the Planning & Zoning Dept.

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20-0145	Permit Date: 6-25	20					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor	d)	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached Yes No			
Granted by Variance (B.O.A.) Case #:		Previously Granted by	y Variance (B.O.A.) Case	e #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner Was Property Surveyed Ves Ves U					
Inspection Record:		1		Zoning District (R-/) Lakes Classification (/)			
Date of Inspection: 6/9/10	Inspected by:	1		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Att. Build as Profe T T	ached? Yes No-(If Subm. Hed he G. He for e	No they need to be atta	ached.)				
Signature of Inspector:				Date of Approval: 6/19/26			
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:				

own, City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	0145			Issued	d To:	Thomas	s Weber								
Location:		1/4	of	(=)	1/4	Section	on 5	Township	44	N.	Range	9	W.	Town of	Barnes	
Being a p Gov't Lot	ar in 4		L	_ot	2		Block	Sul	bdivisio	on	-			CSM# 9	968	

For: Residential Other: [Stairs to the Lake (4' x 30') = 120 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as submitted. Protect the site for erosion control.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 25, 2020

SUBMIT: COMPLETED APPLICATION, TAX Permit #: **APPLICATION FOR PERMIT** STATEMENT AND FEE TO: 20-0140 BAYFIELD COUNTY, WISCONSIN **Bayfield County** Date: Planning and Zoning Depart. 111111 PO Box 58 **Amount Paid:** Washburn, WI 54891 JUN 11 2020 (715) 373-6138 Refund: INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department. 150 Original Application MUST be submitted

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT. FILL OUT IN INK (NO PENCIL) TYPE OF PERMIT REQUESTED-□ PRIVY SANITARY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. □ OTHER Mailing Address: City/State/Zip: Telephone: MNTHIN BarNEZ 54873 \$70 846 6731 am City/State/Zip: Cell Phone: Contractor: Purchased **Contractor Phone:** Plumber: Plumber Phone: Northwood N/A Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Mailing Address (include City/State/Zip): Agent Phone: Written Authorization Attached ☐ Yes ☐ No Recorded Document: (Showing Ownership) Tax ID# **PROJECT** Legal Description: (Use Tax Statement) 2082 LOCATION Vol & Page Gov't Lot Lot(s) CSM CSM Doc# Lot(s)# Block # Subdivision: 36/11 Town of: Lot Size Acreage , Township N, Range 2. \square Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Is your Property Distance Structure is from Shoreline: Are Wetlands Creek or Landward side of Floodplain? If yes---continue in Floodplain feet Present? Shoreland Zone? Ks Property/Land within 1000 feet of Lake, Pond or Flowage □ Yes Distance Structure is from Shoreline: Ves No If yes---continue -Non-Shoreland

Value at Time Total # of What Type of Type of of Completion **Project Project** bedrooms Sewer/Sanitary System(s) Water * include **Project** # of Stories **Foundation** on Is on the property or donated time on property Will be on the property? & material property ☐ New Construction 1-Story Basement ☐ Municipal/City ☐ City 1-Story + (New) Sanitary Specify Type: □ Addition/Alteration \$ 8,050. Foundation □ 2 □ Well Loft ☐ Sanitary (Exists) Specify Type: ☐ Conversion ☐ 2-Story ☐ Slab □ 3 grave ☐ Relocate (existing bldg) **Privy (Pit)** or \square **Vaulted** (min 200 gallon) □ Run a Business on Úse None Portable (w/service contract) **Property Year Round Compost Toilet** M05 None **Existing Structure:** (if addition, alteration or business is being applied for) Length: Proposed Construction: (overall dimensions) V 20

		Delivere	X			
Proposed Use	1	Proposed Structure	`	mensions		Square Footage
		Principal Structure (first structure on property)	(Х)	
		Residence (i.e. cabin, hunting shack, etc.)	(Х)	
☐ Residential Use		with Loft	(Х)	
- Residential Osc		with a Porch	(Х)	
		with (2 nd) Porch	(Х)	
		with a Deck	(Х)	
☐ Commercial Use		with (2 nd) Deck	(Х)	
- Commercial ose		with Attached Garage	(Х)	,
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(Х)	
		Mobile Home (manufactured date)	(Х)	
☐ Municipal Use		Addition/Alteration (explain)	(Х)	
		Accessory Building (explain) 54 F SHFD Storage	(Х)	
		Accessory Building Addition/Alteration (explain)	(Х)	
		Special Use: (explain)	4	Х)	
		Conditional Use: (explain) Northland	1/	Х)	
		Other: (explain) Purchased in Haywor.	X)	х)	
		FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALT	IEC			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable rating for the purpose of inspection.

Owner(s): Taul C Teleson (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: ______

Address to send permit

Date 6/6/20

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

etch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Location of: **Proposed Construction** / Indicate: North (N) on Plot Plan how Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septie Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% Moveable shed House

Please complete (1) - (7) above (prior to continuing)

hanges in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements
r from the Lake (ordinary high-water mark)	27º Feet
from the River, Stream, Creek	NA Feet
from the Bank or Bluff	1) A Feet
	70/1
c from Wetland	NA Feet
ope Area on the property	☐ Yes ☐ No
on of Floodplain	Feet
	2.7.7.7
to Well	A/ A Feet
	11/4 1000
	P
	from which the setback must be measured must be visible from one

Property

rner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	Sanitary Number:		Sanitary Date:
Permit Denied (Date): Reason for Denial:				
Permit #: 20-0142	Permit Date:	5-20		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reconfigure Yes Y	guous Lot(s)) 🗂 No	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes No		Previously Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		
Was Proposed Building Site Delineated Was Proposed Building Site Delineated Was Proposed Building Site Delineated		Were Property Lines Represented by Owner Was Property Surveyed Yes No		
ate of Inspection: 4/6/23/20	Inspected by:			Zoning District (/2-/) Lakes Classification (/) Date of Re-Inspection:
endition(s): Town, Committee of Board Conditions Attac For 970rag	ched? Yes No-(If No-(If No-Only - Adb.)	o they need to be attack	hed.) required to	live to sleeping in structure.
TIMALE				Date of Approval:
old For Sanitary:				10/07/11/

city, Village, State or Federal
May Also Be Required
After-the-Fact

AND USE - X

SANITARY
SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Paul Peterson 20-0142 Issued To: No. Range 9 Location: **Township** 44 W. Town of Barnes $\frac{1}{4}$ of Section N. CSM# **36116** 1 & 2 Subdivision Lot Block Gov't Lot

For: Residential Accessory Structure: [1- Story; Shed (12' x 20') = 240 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): For storage only. Additional permits required to live and/or sleeping in structure.

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NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 25, 2020

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - none
SIGN SPECIAL - NA
CONDITIONAL - NA
BOA -



BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No: 06182002-2020 Tax ID: 37665 Issued To: NICOLE M & JUSTIN E MEYERS Township 46 N. Range 09 W. Location: LOT 3 CSM #1952 IN V.11 Section 35 **BARNES** P.286 (LOCATED IN SW SW & SE SW) IN DOC 2018R-573427 Lot Block Subdivision: CSM# 1952 Govt Lot 0 For Residential / Deck / 12L x 14W x 1H Condition(s): Maintain setbacks NOTE: This permit expires one year from date of issuance if the authorized **Rob Schierman** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Tue Jun 23 2020 application information is found to have been misrepresented, erroneous, or incomplete. Date

This permit may be void or revoked if any performance conditions are

not completed or if any conditions are violated.